Urinary Incontinence in Older Adults

**Page Purpose**

The purpose of this page is to improve clinician knowledge regarding the types of urinary incontinence, outcomes measures used to assess urinary incontinence and evidence based treatment guidelines to decrease episodes of urinary incontinence. All references are available at the bottom of this page along with further resources.

**Objectives**

1. The reader will understand what urinary incontinence is and the different types of urinary incontinence.
2. The reader will understand two common outcome measures used to assess urinary incontinence.
3. The reader will understand how to score the UDI-6 and IIQ-7.
4. The reader will learn about the evidence related to treatment of urinary incontinence.

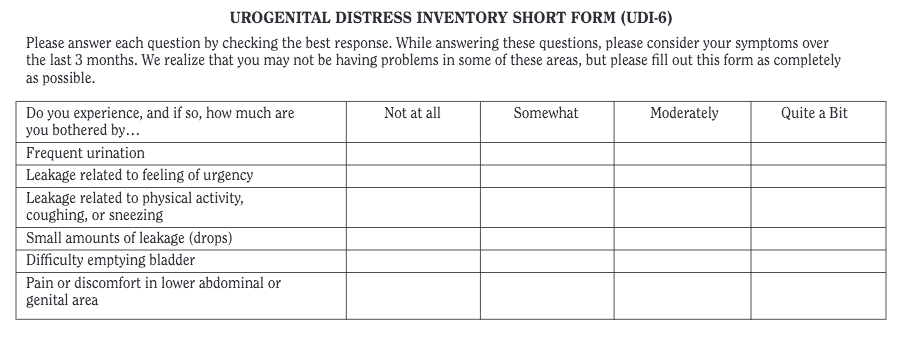
**Urinary Incontinence**

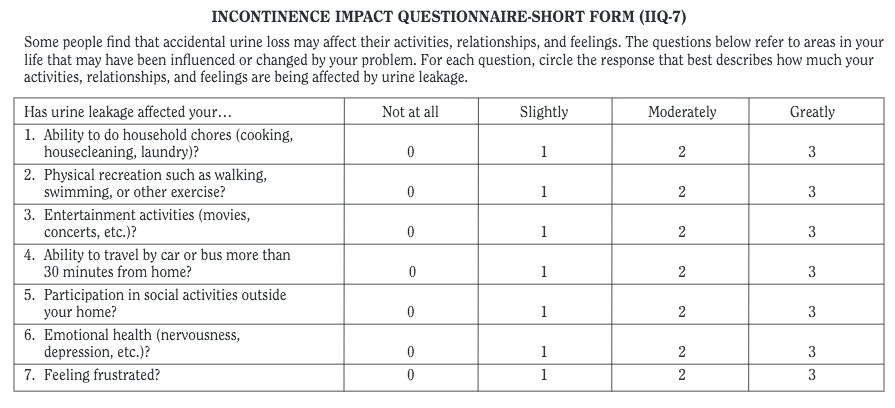
Urinary incontinence is the involuntary loss of urine and can be further defined based on patient’s symptoms. There are several types of urinary incontinence including urge incontinence, stress incontinence and mixed incontinence. Urge incontinence results in loss of urine when a person has a strong need to urinate. Stress incontinence happens when activities that increase abdominal pressure such as coughing, lifting or sneezing result in involuntary emission of urine. Mixed incontinence has characteristics of both stress and urge incontinence (1).

Urinary incontinence impacts up to 30% of the elderly population 60 years and older, with a higher prevalence in women. It is a common reason for admission into nursing homes and long-term care facilities (1). Due to the high rate of urinary incontinence, it is important for aspiring physical therapists to understand the condition and remain educated on evidence based treatment guidelines, as well as outcome measures. According to Wagner et al (1996), treatment effectiveness is typically measured by a decrease in episodes of incontinence or decrease in the number of pads used. However, these measures do not account for patient’s views of their condition. Patients with urinary incontinence have been found to report a poorer quality of life and research shows there is a strong correlation between urinary incontinence and depression (2).

**Outcome Measures**

Two common outcome measures used to assess urinary incontinence are the Urogenital Distress Inventory-6 (UDI-6) and the Incontinence Impact Questionnaire-7 (IIQ-7) (3). Both screening tools have shown significant validity when compared to the pad test and number of incontinent episodes.





**Scoring**

Responses range from 0 for “not at all” – 3 for “greatly.” The average score is multiplied by 33 1/3 to put scores on a 0-100 scale. Higher scores indicate activities, relationships and feelings are more affected by urine leakage (4).

**Treatment**

Clinical studies have investigated the best treatment outcomes for patients with urinary incontinence and shown support for proper nutrition, physical activity and pelvic floor muscle training alone and combined with biofeedback or electrical stimulation (1) A clinical practice guideline from the American College of Physicians (2014) made the following recommendations for non-surgical management of urinary incontinence:

**RECOMMENDATION 1:**

ACP recommends first-line treatment with pelvic floor muscle training in women with stress UI. (Grade: strong recommendation, high-quality evidence).

**RECOMMENDATION 2:**

ACP recommends bladder training in women with urgency UI. (Grade: strong recommendation, moderate-quality evidence).

**RECOMMENDATION 3:**

ACP recommends pelvic floor muscle training with bladder training in women with mixed UI. (Grade: strong recommendation, moderate-quality evidence).

**RECOMMENDATION 4:**

ACP recommends against treatment with systemic pharmacologic therapy for stress UI. (Grade: strong recommendation, low-quality evidence).

**RECOMMENDATION 5:**

ACP recommends pharmacologic treatment in women with urgency UI if bladder training was unsuccessful. Clinicians should base the choice of pharmacologic agents on tolerability, adverse effect profile, ease of use, and cost of medication. (Grade: strong recommendation, high-quality evidence).

**RECOMMENDATION 6:**

ACP recommends weight loss and exercise for obese women with UI. (Grade: strong recommendation, moderate-quality evidence) (5).

**References**

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2012;37(6):345-361H.

Quality of life of persons with urinary incontinence: Development of a new

measure. Urology. 47(1):67.

Laganà L, Bloom DW, Ainsworth A. Urinary incontinence: its assessment and

relationship to depression among community-dwelling multiethnic older

women. ScientificWorldJournal. 2014;2014:708564.

Utomo E, Korfage IJ, Wildhagen MF, Steensma AB, Bangma CH, Blok BF.

Validation of the Urogenital Distress Inventory (UDI-6) and Incontinence

Impact Questionnaire (IIQ-7) in a Dutch population. Neurourol Urodyn.

2015;34(1):24-31.

Qaseem A, Dallas P, Forciea MA, et al. Nonsurgical management of urinary

incontinence in women: a clinical practice guideline from the American

College of Physicians. Ann Intern Med. 2014;161(6):429-40.

**Additional Resources**

<http://www.hindawi.com/journals/au/2011/176498/abs/>

<http://numonthly.com/3382.fulltext>

<http://ebn.bmj.com/content/2/3/85.full>

<https://www.spandidos-publications.com/etm/6/3/773>

http://jama.jamanetwork.com/article.aspx?articleid=188273